
EDITORIAL

On the Neglect of the Young Child

*. . . the child six summers old
. . . one must take every care
To see that he is fed good fare.
For he who does not start life well
Will finish badly, one can tell . . .*

—Thirteenth Century Poem

WE ARE ALL agreed on the need for early identification of emotional disorders, and on the advantages of early treatment. Why then do we not put our convictions into practice?

As can be seen from this Thirteenth Century poem, it was clear even then, as it must have been for many centuries before, that the first years of life have a profound, even if not a final, influence on health and pathology. Yet, when we review our mental health services for the young child, we find that more often than not they are simply unavailable. True enough, through the constant insistence of parents upon help for a seriously ill child, we are now increasingly providing facilities for the defective or psychotic child; but one cannot escape the impression that we have been reacting to pressure rather than offering leadership to the community.

Recent progress in our field has been made by those who have studied and helped the very young. The discovery of new childhood disorders gives clear evi-

dence of this: infantile autism, symbiotic psychosis, the atypical child, primary behavior disorders, the differentiations of the various subgroups in mental retardation, the syndrome of maternal deprivation. Further elucidation of these clinical pictures, as well as the growing interest in developmental research, will make it even more inescapable that we also direct our services to the neglected young child.

The question of why our clinics and child guidance agencies do not see the preschool child as a matter of general practice is usually answered in the following way:

1. The children are referred to us only at a later age. Parents and such professionals as pediatricians are as yet unwilling to make early referrals. They need further education on recognizing early signs of disorder.

2. It is difficult to establish a diagnosis. The nature and duration of symptomatology are uncertain, and therefore no decision can be made as to the child's need for therapy, or whether manage-

ment of the environment will suffice to modify early problems. Therefore, "Let's wait."

3. Our staff is not trained to treat the preschool child.

4. There is a lack of professional time.

Such answers remind us of the statements that used to be made about all children, before the child guidance movement had made its impact and child psychiatry was a formally established discipline. They are little more than attempts to avoid the exposure of our own failure. For, when we review the case material on families who bring older children for treatment, we are likely to find that not even a minimal history of the younger child in the pathogenic family has been taken—and this, in spite of our expressed interest in the family approach. We find ourselves, as a result, in the anomalous situation of having more information about the grandparents than we do about the younger sibling. Furthermore, if we do not take any interest in his development, we are in effect revealing that we really do not care—unless the child needs emergency measures. The referrals we have are of older children, because help could no longer be delayed. But it is unconvincing to say that others are failing to make referrals when we, too, are avoiding this age group. We act as if we thought help could wait.

Surely, one step must be taken: *We must move from giving services only to those who ask for help to helping those who need it.* When we speak of aid at an early age, we also accept the responsibility for finding those children who need us. Frequently, a child psychiatry department will establish a liaison with the pediatric wards, because it wants to offer diagnostic service and treatment, and because it needs the children for its training program. These children are already available. In the meantime, within such community services for young children as day care centers and nurseries, there are many children who need help from social workers, psychologists and psychiatrists; children are eligible for day care because they come from homes burdened with difficulties.

Many children involved in group care during the first years of their life need our help. Yet, there are institutions and adoption agencies so understaffed that they cannot provide even minimal mental health care for the young child. Any welfare department of any city or state can furnish evidence of the large number of preschool-aged children in need of these services. We can speak of a lack of referral, only if we expect the large number of children with early and crippling emotional disorders to find us.

—Peter B. Neubauer, M.D.